

Authorship

Julie Santy-Tomlinson,

Rebecca Jester,

Paul McLiesh

Carol Mackintosh-Franklin

Candy Mori

Louise Brent as ICON Chair

Orthopaedic nursing and the COVID-19 pandemic – the first few months

At the time of writing (early June 2020), the COVID-19 pandemic has affected almost every aspect of life in every part of the globe. This frightening disease has devastated families, communities, and society. Despite this, the hard work and astounding adaptability of healthcare organisations and their staff has been making headlines everywhere. The planning, alterations to existing systems, new rules and guidelines and managing staff and patient expectation has created significant pressure and stress at all levels. The global shortages of nurses and discrepancies in nurses' working conditions in some countries forms the background to this significant increase in activity. The global economic impact of the pandemic will ultimately lead to a deeper fiscal crisis in many economies that will likely place additional pressure on future resourcing of healthcare.

At the very beginning of this 'World Health Organization Year of the Nurse' we could not have known just how much nurses would be given the opportunity to demonstrate their worth in every corner of the globe and in every healthcare setting. Nurses are at the hub of global, national, and local responses to COVID-19. The impact of the pandemic on the profession, individual nurses, and the communities they serve will be documented nursing and healthcare history. Coping with day to day practice in this acute, intensive period of activity has needed great resilience from nurses and colleagues. They have had to try to prepare for the unknown and for what might and might not be to come – along with not knowing when it will be over. Maintaining this resilience in the coming months will be a part of the story we have yet to experience or understand.

Nurses (averaging around 60% of the health care workforce) have, over the months since the pandemic began, been focusing on supporting individuals and their families in preventing and recovering from this terrifying and unpredictable viral infection. They have also been caring for those who are dying, have died, or are grieving following the death of loved ones. Families have often not been able to be present at the death of their loved one. The central role of nurses in the care of patients who are critically ill or at the end of life with COVID-19 has meant that they have often been the only person present at death, feeling the weight of spiritual responsibility.

Media reports suggest that communities are acutely aware of how much nurses are contributing to the COVID 19 efforts, despite the well-publicised shortage of nurses and challenges in nursing education, recruitment and retention across the world. During such an unprecedented event there are ongoing pressures in accessing suitable resources such as appropriate personal protective equipment (PPE) and virus and antibody testing. Media reports, from some countries, suggest that many nurses have faced difficulties and risk to their own health and that of their patients because of inadequate availability of PPE in the early weeks of the pandemic. In these locations, health care

employers and government agencies have not been able to adequately ensure enough provision of PPE.

Nurses have demonstrated incredible adaptability and willingness to innovate in the way they have changed and developed their roles in the early stages of the pandemic. Orthopaedic nurses have, of course, been very much part of the nursing response to these unprecedented challenges and will be an important part of continuing efforts to control the spread of the virus, save lives and, eventually, return health care services to normal. Simply continuing to meet the everyday ongoing needs of other patients who have suffered falls and fractures, for example, while also continuing to manage planning and care for COVID-19 is an enormous task and one unlikely to be obvious to the general public.

In countries with well-resourced health systems and capacity to do so, nurses have often been redeployed so that the best of their skills can be used for the patient groups who most need them and so that they can fill gaps in services where demand has increased and/or colleagues have had to take time off. Re-deployment has been especially common in orthopaedic units in some areas, where the number of patients sustaining trauma has reduced due to reduction in community activity and elective orthopaedic surgery has been postponed. This has enabled hospitals to focus resources on managing COVID-19, but with a detrimental effect on other services. Orthopaedic and trauma outpatient clinics have been cancelled due to redeployment of staff, and because many patients do not want to attend hospitals as they are fearful of the risks of infection there. Some healthcare providers already have well established systems for virtual/non-face-to-face orthopaedic follow up services using telephone or video conferencing. For others this is a new way of working which requires nurses and other members of the team to develop assessment and clinical decision-making skills in a different context. The shift from face-to-face consultations to virtual approaches is likely to continue for a long time. Social distancing measures will be in place for the foreseeable future, and this will require orthopaedic teams to develop new ways of working and supporting patients to engage effectively in virtual methods of clinical consultation.

Redeployment has involved a great deal of learning on the job as demands change from hour to hour. Nurses have been reorganising their units to open more beds for COVID19 patients, while keeping other patients safe. They have also been taking stock of equipment and ensuring efficiency of its availability to the right staff member of patient at the right time. They are learning on the job with information that changes daily - even hourly - while striving to keep everyone safe from the virus using infection prevention measures. Being redeployed to an area in which a nurse is not an expert, for example an experienced orthopaedic nurse, working in a unit for patients with COVID-19 can be stressful. Some nurses have faced significant pressure to be re-deployed, sometimes without having adequate preparation, induction, training and PPE, potentially putting their own safety and that of patients at risk. Nurses must work within the scope of their professional knowledge and skills, acknowledging any deficits that require training, induction, and mentoring. This requires a supportive working culture and strong nursing leadership. The lessons learned from these experiences may, of course, have a significant positive impact on practice.

The postponement of elective orthopaedic procedures and ongoing restricted access to medical facilities have left many patients continuing to suffer with significant pain, limited mobility and anxiety while facing a long wait for their surgery as health services "catch up". It is important that these individuals are supported with symptom management options and reassurance either through their primary care providers and/or advisory helplines from orthopaedic services. Other services such as osteoporosis screening and falls prevention services have been stopped during the pandemic, potentially leading to an increased incidence of fragility fractures. As the pandemic

stabilises, in those places where elective orthopaedic surgery has been postponed, there will be unprecedented numbers of patients needing to engage and re-engage with orthopaedic and trauma services

The ability of people in high density population countries to maintain adequate levels of social distancing is difficult but effective systems of testing, tracking and tracing has made a significant difference , impacting positively on both infection and death rates. The force of the pandemic has been felt in some higher income countries first. The virus has, so far, been slower to take hold in lower- and middle- income countries, so their worst times are potentially yet to come. In some countries, geographical, environmental, social and political influences have meant that infection rates have been more easily controlled and the pressure on health care has not been as extreme as in other parts of the world. In others both infection and death rates have been, so far, frighteningly high with no evident reduction in the pressure on health care workers. The health, economic and social impact of the disease in such countries will, ultimately, be the most devastating in places where social and health systems are least resilient, and economies are even more fragile. The future for health systems, communities and individuals in such locations is bleaker than we could ever have imagined and this will have a significant impact on nursing resources in those areas at a time when wealthier nations are less likely to be able to help them with resources and support.

The significant contribution of orthopaedic nurses globally, has meant that they have already faced extreme challenges in their every day working lives. They have done this with commitment and compassion. The team at the International Journal of Orthopaedic and Trauma Nursing wish to acknowledge the immense contribution their colleagues are making to the effort to control COVID-19 across the globe while continuing to provide essential orthopaedic and trauma care in exceptional circumstances. This topic will stay with us for many years to come and we will return to these issues often as the situation progresses.